

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. E91459 348		FILING DATE 11-15-99	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		2					53		
4	1						54		
5		1					55		
6		2					56		
7	1						57		
8		1					58		
9		2					59		
10	1						60		
11	1						61		
12	1						62		
13		2					63		
14		1					64		
15		1					65		
16	2	2					66		
17	2	2					67		
18	1						68		
19	1						69		
20	1						70		
21	1						71		
22	1						72		
23	2	2					73		
24	2	2					74		
25	2	2					75		
26							76		
27							77		
28							78		
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38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	11						TOTAL IND.		
TOTAL DEP.	15						TOTAL DEP.		
TOTAL CLAIMS	24						TOTAL CLAIMS		